



IV. PREVENTIVE HEALTH OUTREACH AND SERVICE PROGRAMS



The DEPARTMENT OF HEALTH AND HOSPITALS provides Louisianans with a variety of Preventive Health Outreach Programs targeted to assure the health of its most vulnerable citizens: infants and children, adolescents, women, families, and persons suffering from infectious diseases, substance addictions, and mental impairment. The following programs provide needed health care to thousands of individual Louisiana residents. In doing so, they are essential to the health of the state as a whole.

Programs Targeting Infants, Children, and Adolescents

A. CHILDHOOD IMMUNIZATION INITIATIVE—SHOTS FOR TOTS

The Shots for Tots Program, through the IMMUNIZATION PROGRAM of the OFFICE OF PUBLIC HEALTH, was developed to improve immunization levels among infants and toddlers. The program has four major methods to improve immunization levels: (1) service delivery, (2) information and education, (3) assessment, and (4) coordination and oversight.

- Service delivery is increased by increasing the number of towns and cities where immunizations can be received, by reducing the barriers for families, by providing evening and weekend immunization clinics, and by improving communication among providers.
- Information and education is provided to health care providers and to parents. Health care providers are informed about the correct use of vaccines, and parents are educated about the importance of having their children immunized on time.
- Assessment is used to provide feedback to providers about their immunization practices and about the concerns of families using their services.
- Coordination and oversight establish a central point of responsibility to help improve all of the methods listed above.

Shots for Tots has improved access to immunizations, decreased cost to families, improved public awareness of the need for immunizations, and educated health care providers about proper immunization practices. The following chart illustrates the effectiveness of the Shots for Tots Program. Since its inception in 1992, immunization levels among two-year-old children receiving care at public health units have increased by 25%.

<i>Immunization Levels Among Two-Year-Old Children Receiving Care at Public Health Units Louisiana, 1992-1999</i>	
1992	55%
1993	59%
1994	64%
1995	75%
1996	79%
1997	81%
1998	82%
1999	80%

Source: Louisiana Office of Public Health, Immunization Program



B. SUDDEN INFANT DEATH SYNDROME (SIDS)

The DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE OF PUBLIC HEALTH, SUDDEN INFANT DEATH SYNDROME (SIDS) PREVENTION AND CASE MANAGEMENT PROGRAM is designed to increase public awareness on the topic of SIDS and to provide education to reduce the risk of SIDS deaths. Educational material on SIDS risk-reduction has been developed for populations at risk. Grief counseling is made available to all families who have experienced the death of an infant due to SIDS.

In addition to public and professional education and grief counseling, standard data are collected on each case with the hope of identifying preventable circumstances that are associated with unexpected deaths in infancy. A program to improve the investigation of unexpected infant deaths through the training and certification of death scene investigators was begun in 1996. Over 275 investigators from coroner offices and law enforcement have been trained in death scene investigation in cases of unexpected deaths in infants.

C. HEARING, SPEECH, AND VISION PROGRAM: SOUND START PROGRAM FOR THE EARLY IDENTIFICATION OF HEARING IMPAIRMENTS IN INFANTS

Vision problems affect one in twenty preschoolers and one in four school age children. More than one in twenty-five preschoolers suffer from some type of communication disorder, i.e., speech, language, and/or hearing impairment. Four out of every 1,000 babies born have a significant hearing loss.

The goal of the MATERNAL & CHILD HEALTH, HEARING, SPEECH AND VISION PROGRAM is to identify these problems in children as early as possible. A child's vision, hearing, and language development are the most important skills they will need to be able to learn and develop. Research shows that children who have hearing loss identified at birth and who are successfully enrolled in early intervention programs can reach appropriate developmental levels by the time they begin school. Early intervention has profound lifelong benefits for infants and toddlers with hearing impairment and for their families, while containing costs of special education and other services provided by the state.

OFFICE OF PUBLIC HEALTH staff trains volunteers, teachers, and nurses to perform vision and hearing screenings in Headstart centers, preschools, day care centers, and public and private schools. Hearing and vision equipment is available for loan to these facilities.

The Sound Start Program under the HEARING, SPEECH, AND VISION PROGRAM works through each community in the state to assure that every birthing hospital performs hearing screening tests for newborns, as required by law. The program has been implemented without specifically allocated funding, and has enjoyed phenomenal success, with the community involvement of professionals, physicians, hospital staff, education personnel, civic and charity organizations, parents, and the deaf community.

Out of 73 birthing hospitals in Louisiana, all comply with the requirements of the law. In addition, 39 hospitals now voluntarily perform screening on every birth at their facility, going beyond the requirements of the law. Approximately 52% of the children born in Louisiana receive a hearing screening before they are discharged from the hospital. In 1999, the law was amended and by January 2001 all hospitals will be required to provide hearing screening for every baby born.



Louisiana has received national recognition for its newborn hearing screening program. It is among the top ten states in the country in the number of hospitals providing universal hearing screening. The average age of identification of hearing loss across the United States is 30 to 36 months. Since the beginning of the Sound Start Program in 1994, the average age for children identified through this program has remained below 3 months of age.

D. CHILDREN'S SPECIAL HEALTH SERVICES

CHILDREN'S SPECIAL HEALTH SERVICES (CSHS) is a program that provides services for eligible children and families with serious disabilities that significantly limit major life activities. These children have complex medical conditions that may be rare, severe, or disabling and require pediatric subspecialty services on an on-going basis.

Some of the products and services provided by the CHILDREN'S SPECIAL HEALTH SERVICES program are medications, durable medical equipment, home health care, physical therapy, hospital care, parent training, and case management to coordinate primary and specialty services. There are nine regional CSHS clinics throughout the State of Louisiana, which together served 9,319 children in 1997 and handled a volume of 23,039 clinic visits.

CSHS provides services to children with special health care needs, many with complex, severe medically disabling conditions such as congenital heart defects, cystic fibrosis, cleft lip and palate, cerebral palsy, neurological disorders and others. These conditions often require complex medical care including numerous surgeries, hospitalization, costly drug therapy, etc., but because of the cost-efficient manner in which CSHS provides these services, the cost of treating these children and providing support to their families is very low. The average cost per patient from CSHS is \$879.79 in FY '97 based on annual expenditures, compared to average expenditure per enrollee for children in Medicaid of \$1462.00 in FY '96.

E. SAFE KIDS COALITION

The DHH, OFFICE OF PUBLIC HEALTH, INJURY RESEARCH AND PREVENTION SECTION supports ongoing community-based injury prevention programs. One of these is the Louisiana SAFE KIDS Coalition, which conducts prevention activities for unintentional injuries in children.

At the state level, the Louisiana SAFE KIDS Coalition works to inform the public that unintentional injuries are the leading cause of death for children under age fourteen. The Coalition also works to organize and promote policies and programs to prevent childhood injury. At the community level, 8 local chapters and 3 local coalitions sponsor injury prevention education activities for community members.

Examples of these injury prevention education activities include hands-on car seat safety clinics, where trained specialists check for proper car seat installation and educate parents how to use car seats correctly, and promotion of the use of bike helmets through reminder tags that are hung on bicycle handlebars. Other examples of educational programs and materials available through SAFE KIDS include smoke detector use, pedestrian safety, and toy safety.



F. CHILD CARE HEALTH CONSULTANT PROGRAM

The American Academy of Pediatrics/American Public Health Association recommends that each child care facility should utilize the services of a health consultant to provide ongoing assistance in the area of health. Louisiana was one of the first states to institute such a program.

The MATERNAL AND CHILD HEALTH PROGRAM of the OFFICE OF PUBLIC HEALTH coordinates the activities of the Child Care Health Consultant Program. By combining professional health experience with knowledge and training in child care, consultants work to support, assist, and problem solve with child care providers in order to improve the safety and quality of child care. Consultants serve as a source of education, guidance, and support to child care facilities; provide technical assistance; act as health resource and referral persons; and provide access to health care information. This program also has the advantage of bringing together a multi-disciplinary network of both public and private health professionals from a variety of settings to address local community needs.

To date, there are 150 health professionals who have been trained and are certified by the DHH, OFFICE OF PUBLIC HEALTH and the DEPARTMENT OF SOCIAL SERVICES, BUREAU OF LICENSING. In 1998, 107,620 infants, children, and adolescents were seen in a total of 228,366 visits. More than 17,000 child care providers have received some health and/or safety training.

G. PREVENT ABUSE AND NEGLECT THROUGH DENTAL AWARENESS (P.A.N.D.A.)

The P.A.N.D.A. (Prevent Abuse and Neglect through Dental Awareness) program was formed through the efforts of the ORAL HEALTH PROGRAM in the OFFICE OF PUBLIC HEALTH. The P.A.N.D.A. coalition is maintained by community members and is chaired by the president of the LOUISIANA CHAPTER OF THE ACADEMY OF PEDIATRIC DENTISTRY. This program aims to standardize the level of training and education of dental care professionals, and to provide to dentists and hygienists throughout the state additional information that will assist them in detecting and reporting suspected child abuse and neglect.

H. CHILD HEALTH PROGRAM

The Child Health Program, from the MATERNAL AND CHILD HEALTH PROGRAM of the OFFICE OF PUBLIC HEALTH, is a program that offers preventive health services to infants and children who are unable to access such services because of geographic or financial barriers or lack of providers.

This program provides periodic health appointments, which can involve a history and physical examination; immunizations; assessment of growth; assessment of developmental status; laboratory screening for PKU, congenital hypothyroidism, sickle cell disease, anemia, urinary tract problems, and lead poisoning; screening for vision, hearing or speech problems; and parental counseling and education. Nutritionist and social services are available in addition to medical and nursing services.



In State Fiscal Year 1999, 101,288 infants, children, and adolescents were seen in a total of 228,109 visits. Approximately 60% of the children seen were insured by Medicaid.

I. ADOLESCENT SCHOOL HEALTH INITIATIVE

Pursuant to a legislative request, the DHH OFFICE OF PUBLIC HEALTH (OPH) conducted a study in 1990 that concluded that the causes of adolescent deaths and illnesses could be reduced or prevented through greater adolescent health education and improved teen access to primary/preventive health care and professional counseling. Therefore, in 1991 the Louisiana State Legislature created the Adolescent School Health Initiative to facilitate the development of comprehensive health centers in public middle and senior high schools.

The School-Based Health Care Program, officially known as the Adolescent School Health Initiative, is directed by the DHH OFFICE OF PUBLIC HEALTH, MATERNAL AND CHILD HEALTH PROGRAM. School Based Health Centers (SBHCs) are an integral part of the State's Comprehensive School Health Program, which also encompasses education, school environment, nutrition, physical fitness, and parent and community involvement.

Sources of funding for the School-Based Health Centers (SBHCs) include OPH State General Fund, Maternal and Child Health Block Grant, Robert Wood Johnson Making the Grade, local in-kind contributions, and Medicaid reimbursement.

School-Based Health Centers are established by a sponsoring agency (the grantee), which is responsible for management of the health center. Hospitals, medical schools, health departments, youth-serving agencies, community organizations, or school systems may be sponsoring agencies. Each SBHC's staff includes a licensed physician, a nurse or nurse practitioner, a mental health counselor, a clinic administrator, and support staff, who work in collaboration with the counselors, social workers, psychologists, and speech, physical, and occupational therapists on school campuses. Services provided include preventive health care, medical screenings, sports and employment physicals, treatment for common simple illnesses, referral and follow-up for serious illnesses and emergencies, mental health counseling, immunizations, and preventive services for high-risk conditions, such as pregnancy, sexually transmitted disease, drug and alcohol abuse, violence, and injuries.

In the 1998-99 academic year, 35 School-Based Health Centers were operational in 14 parishes, providing services to students at 68 schools. By the end of the 1999-00 school year 6 new sites in 6 additional parishes are expected to open and serve an additional 15 schools. Many sites have expanded services to primary and elementary feeder schools. A total of 45 Louisiana parishes in all 9 state regions have thus far participated in SBHC development.

In the 1998-99 school year, 20,949 students received services, and there were 101,762 visits to the centers.



J. WOMEN'S PREVENTIVE HEALTH PROGRAM

The WOMEN'S PREVENTIVE HEALTH PROGRAM (WPHP) exists to improve longevity and quality of life for women in Louisiana by reducing morbidity and mortality due to preventable causes. The mission of the program accomplishes the following activities:

- Screening for medical conditions that can be effectively treated, including breast cancer, cervical cancer, hypertension, diabetes, obesity, and colon cancer
- Health guidance and counseling to influence positively those health behaviors known to be associated with poor health outcomes
- Empowerment of community-based organizations to deliver the message of prevention to female peers and thus to expand the program throughout the state.

The last year has been very effective in the communities throughout many regions of the state. More than 5,000 women were involved in outreach and screening activities with public and private partners in health. Since the program's inception, dozens of abnormalities have been found and successful treatment strategies pursued.

The WPHP provides screening services only; women who have an established disease requiring treatment and those with signs and symptoms of disease are referred to their personal physician or public health care provider. Eligibility for specific screening services is based on age, risk factors, and economic status. An integral component of the program is the collection of data regarding risk factors, screening, and screening results to assure that women who need treatment reach a treatment provider.

Programs Targeting Families

K. HEALTHY FAMILIES—HOME VISITATION PROGRAM

The MATERNAL AND CHILD HEALTH PROGRAM (MCH) of the OFFICE OF PUBLIC HEALTH has undertaken home visitation programs to impact Louisiana's high rates of infant mortality, low birth weight, and child maltreatment. Currently there are four home visiting programs that follow the Healthy Families America Program developed in Hawaii, which utilizes paraprofessional home visitors. This model seeks to prevent child abuse and neglect by focusing interventions on promoting child growth and development, modeling and fostering positive parenting skills and parent-child interactions, assuring provision of needed health care, and developing support systems for families.

During fiscal year 98-99, MCH worked to implement the David Olds Nurse Home Visitation Model in two pilot sites in Louisiana. Known as the BEST (Building Early Strengths Together) Program, services were initiated in four parishes of Region VIII (Franklin, Madison, Morehouse, and Richland) in March 1999, and in three parishes of Region IV (Iberia, St. Martin, and Vermilion) in May 1999. The BEST Program is for first time mothers of low socio-economic status. Nurses follow a very strict program protocol that calls for regular visits to the family from twenty-eight weeks of pregnancy until the infant is two years of age. This model was chosen by MCH because of its proven effectiveness as a preventive intervention. Clinical trials and longitudinal studies have shown that this model of prevention significantly reduced by 79% the



verified reports of child abuse and neglect, reduced by 31% the number of subsequent births, and increased by 83% the rates of labor force participation. MCH worked closely with the GOVERNOR'S CHILDREN'S CABINET to promote this program for future statewide implementation, and this program was chosen as one of the top program priorities recommended by the CABINET. By the end of fiscal year 98-99, the BEST Program had enrolled 77 active families and had completed 303 home visits. With the program underway, MCH is looking forward to initiating teams in parts of Region V and Region III sometime during fiscal year 99-00, and to statewide implementation in the years to come.

L. PUBLIC CAMPAIGN FOR PARENTING EDUCATION & CHILD ABUSE PREVENTION

PREVENT CHILD ABUSE LOUISIANA (PCAL), in conjunction with the DHH, OFFICE OF PUBLIC HEALTH, is in the third year of a statewide social marketing campaign designed to reach parents with educational messages about parenting and to encourage the use of a toll-free information, support, and referral services for families: PCAL's HELPLINE (800-348-KIDS). Campaign themes have addressed positive communication, positive discipline, and stress prevention for parents.

To emphasize these educational topics and to conduct training sessions in their communities, a volunteer speakers bureau has been established in major cities throughout the state. The trained volunteers include representatives from the OFFICE OF COMMUNITY SERVICES, law enforcement, the media, and health care. Speakers address parent groups, children, community organizations, and "other caregivers" (teachers, day care staff, etc.) in various settings.

In addition, the MATERNAL AND CHILD HEALTH PROGRAM (MCH) of the OFFICE OF PUBLIC HEALTH is training all public health nurses and public health social workers in Bright Futures. The curriculum of Bright Futures is designed to promote and improve the health, education, and well-being of children, adolescents, families, and communities. Furthermore, MCH has set out to train all nursing and social work staff in Infant Mental Health. This 25-hour training, completed in five separate five-hour sessions, is designed to improve staffs' knowledge and skills in the early recognition of factors and conditions that place the infant and caregiver at risk for immediate, as well as long-term, problems in social, emotional, and cognitive growth and development. The Infant Mental Health training has been completed in Region IV and Region VIII, with Regions III and V set for training in fiscal year 99-00.

Furthermore, in a cooperative effort between the MCH and WOMEN, INFANTS, AND CHILDREN (WIC) NUTRITION PROGRAM, new parenting tools have been produced. As a result of the 1995 MCH Needs Assessment, 5 new "Tips on Parenting" cards were created that covered the topics: "How to Deal with Baby's Crying," "Getting Your Child to Listen and Cooperate," "Boosting Your Child's Self-Esteem," "Potty Training," and "What Works Better than Spanking." The cards offer ideas for parents to deal with these difficult issues by using actual quotes from over 786 parents who were surveyed. These cards will be available to all parents in the public health units and through private community resources who request that the cards be available in their offices.

These public education and outreach efforts are being done in collaboration with groups like the OFFICE OF COMMUNITY SERVICES, the MATERNAL AND CHILD HEALTH COALITION, COOPERATIVE EXTENSION, the CHILDREN'S TRUST FUND, and HEAD START.



M. LOUISIANA'S SERVICE SYSTEM FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

The LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS' (DHH) OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES (OCDD) was established under Act 659 of the 1983 Regular Session. OCDD provides a broad range of services including case management, diagnosis and evaluation, early intervention/infant habilitation, family support, respite, vocational and habilitative services, and supported living services. Many of these services are provided by private provider agencies through contractual agreements and/or Medicaid funding. OCDD's eight Community Services Regional Offices and nine Developmental Centers are located across the state in or near major cities. The Community Services Regional Offices serve as the point of entry into the OCDD service system. The Developmental Centers provide a variety of residential services including 24-hour care and active treatment services. Some centers also operate community homes and provide extended family living services.

OCDD serves eligible individuals who have a severe, chronic disability that is attributable to mental retardation, cerebral palsy, epilepsy, or autism or to any other condition (except mental illness) found to be closely related to mental retardation. Related conditions are included because these conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of persons with mental retardation or require similar treatment and services. The disability must have occurred prior to age 22, be likely to continue indefinitely, and result in substantial limitations in three or more areas of major life activity, such as self-care, language, learning, mobility, self-direction, and capacity for independent living.

OCDD provides a range of services and supports that plan for, prevent, or lessen the impact of adverse outcomes. Infant intervention services, designed for infants and toddlers from birth to 36 months of age, strive to prevent additional developmental delays through a range of therapeutic, instructional, and behavioral and social services. Through the Family Support Program, crisis intervention services are provided to stabilize life-threatening situations or to plan for behavioral contingencies, and supported living services are provided to assist people to live independently in the community. The Cash Subsidy Program provides financial assistance to allow families of children with severe disabilities to care for their children at home. OCDD is also implementing procedures to allow people with developmental disabilities and their families to be more involved in planning their future. This process, which is based on informed choice, empowers people with developmental disabilities to choose the services and supports they need in order to improve their quality of life and achieve the greatest degree of independence in all life areas.



Programs Targeting Infectious Diseases

N. TUBERCULOSIS (TB) PREVENTION AND OUTREACH

During a recent National Tuberculosis (TB) Controllers Workshop, Kenneth Castro, M.D., Director of the Division of TB Elimination at CDC, stated, “the United States is back on track towards the elimination of TB. However, the national trend masks areas of ongoing concern, in particular sporadic outbreaks of drug resistant disease, high incidence ‘pockets of infection,’ the introduction of disease among foreign-born persons, and disturbing signs of possible renewed complacency on the part of the public, the body politic, and some segments of the health community.”

The DEPARTMENT OF HEALTH AND HOSPITALS, through THE OFFICE OF PUBLIC HEALTH'S TB CONTROL SECTION, addresses these areas of concern by monitoring the treatment of reported cases of TB. Disease Intervention Specialist (DIS) staff routinely support this effort through the provision of Directly Observed Therapy (DOT)—a service provided to ensure compliance with and completion of treatment for all patients, public or private. DIS staff also investigate each case of TB to assure timely identification and evaluation of contacts to TB.

Of those patients who have been designated “closed,” 96% completed therapy in 1998 as compared with the 97% completing therapy among the “closed” cases in 1997. The high therapy completion was due, in part, to both the intense DOT efforts of DIS staff and to the utilization of incentives and enablers.

O. SEXUALLY TRANSMITTED DISEASE (STD) AND HIV/AIDS PREVENTION PROGRAMS

The DEPARTMENT OF HEALTH & HOSPITALS, OFFICE OF PUBLIC HEALTH, aims to prevent the spread of STDs and HIV/AIDS through a variety of methods, including prevention education; HIV counseling, testing, referral, and partner notification; STD treatment and control, including syphilis partner notification; peer programs; street and community outreach in selected zip code areas; and statewide condom distribution via businesses in communities with high rates of sexually transmitted diseases and HIV/AIDS.

Sexually Transmitted Diseases (STDs)

STD control is a labor-intensive task, relying on the rapid location of a person's sexual partners in the community to halt further spread of the disease. To prevent the spread of disease, the STD CONTROL PROGRAM conducts four basic activities:

- Prevention activities - education and provision of information to patients and the general public about STDs and the use of condoms
- Clinical services - testing, diagnosis, and treatment of patients seen in the clinics
- Epidemiology - surveillance, location, and referral of persons suspected of having an STD, for examination and early treatment,
- Targeted screening - as a mechanism to discover infections in certain populations and determine disease prevalence.



In order to reach people who have the highest risk of infection, the STD CONTROL PROGRAM works with a number of other health-related programs, including MATERNAL AND CHILD HEALTH, FAMILY PLANNING, correctional institutions, substance abuse centers, and other facilities where STDs may be prevalent. Collaboration with these programs and efforts of STD field personnel resulted in the administering of over 240,000 STD screening tests in 1999.

HIV/AIDS

HIV/AIDS prevention activities and target populations are determined by the statewide HIV COMMUNITY PLANNING GROUP, whose membership ranges from public health and social service professionals to HIV-infected individuals and those at risk for acquiring HIV.

Currently, the OFFICE OF PUBLIC HEALTH HIV/AIDS PROGRAM provides support and technical assistance to 22 community-based organizations (CBOs) that target high-risk populations across the state. HIV antibody testing and counseling take place in over 360 sites statewide, including public health units, drug treatment centers, and CBOs. Outreach contacts by CBOs reportedly reached 300,000 high-risk individuals.

In 1999, the Statewide HIV/AIDS Hotline received over 7,500 calls requesting information regarding HIV/AIDS, STDs, and referrals. Furthermore, the OFFICE OF PUBLIC HEALTH distributed nearly 500,000 HIV/AIDS and STD prevention education materials to parish health units, CBOs, and other agencies.

P. ALCOHOL, DRUG, TOBACCO, AND PREVENTION ADDICTION SERVICES

The Impact of Substance Abuse: OAD Services

Substance abuse has been called the nation's number one health problem¹. Research indicates that substance abuse is associated with poor health, disruptive social relations, decreased work productivity, violence, crime, and child abuse. A report on chronic diseases and causes of deaths explains that chronic diseases are often complicated by lifestyles and environment². The actual leading causes of death in the United States are tobacco, poor diet/physical inactivity, and alcohol use (McGinnies & Forge, 1993). Since 1989, more individuals have been incarcerated for drug offenses than for all violent crimes, and most violent crime is committed by drug and alcohol abusers. Alcohol and drug abuse is implicated in three-quarters of all spouse abuse, rapes, child molestation, suicides, and homicides (THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE, Columbia University, 1996). From Boston to Baton Rouge and New Orleans, hospital emergency rooms overflow with victims of gunshot wounds and other violence caused by alcohol abuse and drug addiction. AIDS and tuberculosis spread rapidly, and intravenous drug users and crack addicts are among the primary carriers of these diseases. Exchanging sex for drugs, practicing unsafe sex, and sharing dirty needles are high-risk behaviors contributing to increasing prevalence and incidence rates of morbidity. President Clinton has declared HIV an emergency in the black and Hispanic communities because of the alarming rate of infection. He recently added 170 million to the budget for AIDS.

A November 1999 report outlined in CESAR's (a weekly fax from the CENTER FOR SUBSTANCE ABUSE RESEARCH, supported by the GOVERNOR'S OFFICE ON CRIME CONTROL AND PREVENTION) cites the finding of a recent Gallup Poll, indicating 36% of adults in the United States report that drinking has ever been a cause of trouble in their family. This rate is the highest ever, and it is

¹ *Using Social Indicators to Estimate Substance Abuse Treatment Needs in Louisiana*. July 1998.

² *Chronic Diseases and Their Risk Factors: The Nation's Leading Causes of Death 1999*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.



twice the rate found since the question was first asked in 1947. This finding supports an increased perception of alcohol-related problems in the United States population. Nationwide, crack babies, a phenomenon of the 90s, fill neonatal wards, at a cost of \$2,000 a day. Each survivor can cost one million dollars to bring to adulthood (THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE, Columbia University, 1996). Fetal Alcohol Syndrome is a top cause of birth defects. Each pregnancy and delivery uncomplicated by alcohol or substance abuse translates into \$43,000 to \$145,000 in savings (U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, 1997). Underage use of alcohol, at the national level, costs approximately \$58 million per year. More than \$36 million of these costs are incurred addressing alcohol-involved violent crimes, and \$18 million are for alcohol-related traffic crashes (CESAR, Oct. 27, 1999). Cigarette smoking cost the United States over \$72 billion in medical expenses attributable to cigarette smoking in 1993. The majority of expenses (49%) were for hospital care (CESAR, March 8, 1999). In 1995, health care costs triggered by drugs, alcohol, and tobacco reached over \$200 billion.

Louisiana's substance abuse health care picture resembles that of the nation. Tobacco use was cited as a leading actual cause of death (played a significant role in cancer, heart disease, stroke, vascular, and respiratory disease) in 1994 in Louisiana (CHRONIC DISEASE CONTROL PROGRAM, 1998). One of every five deaths was attributable to tobacco use. The LOUISIANA OFFICE OF COMMUNITY SERVICES, which provides child welfare services, estimates that, currently, up to 75% of the families receiving Child Protective Services interventions have some substance abuse involvement. A cumulative report from the DEPARTMENT OF SOCIAL SERVICES (DDS) indicates that 6,561 recipients have been screened under the Family Independence Temporary Assistance Program (FITAP) Drug Testing Program. OAD records show 1,688 total referrals from July 21, 1998 through December 31, 1999 (2.79% of the total screened by DDS). The DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS reports that approximately 75% of incarcerated adults have substance abuse problems.

Because of the high prevalence and devastating social, health, and economic impact/cost of substance abuse, the state and the federal government give high priority to prevention and treatment efforts. The OFFICE FOR ADDICTIVE DISORDERS is the single state authority for substance abuse. OAD operates through a regionalized Community Service District (C.S.D.)/Regions substructure. There are 10 administrative regions (or CSD's) of approximately 450,000 to 500,000 inhabitants each. There is an independent district (Region X), under the jurisdiction of the Jefferson Parish Authority, and effective July 1, 1997, the Capital Area Human Services District (C.A.H.S.D.) assumed responsibility for the community-based substance abuse, mental health, and developmental disabilities services previously provided by DHH in the parishes comprising Region 2. Region 1 and Regions 3-9 are directly operated by the State.

Prevention programs address the individual, interpersonal, social, and environmental influences that cause an individual to abuse alcohol and other drugs. Prevention program activities must include three of the following six strategies: Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-Based Process, and Environment. Prevention services have the additional responsibility of the Synar Initiative. The Synar Initiative is a community development and educational program developed to comply with the Federal and State laws regarding tobacco sales to individuals under the age of 18. The baseline was set December 1996, with 75% of retailers found to be in non-compliance. The OFFICE FOR ADDICTIVE DISORDERS implemented programs to educate tobacco vendors regarding tobacco sales to minors. Enforcement efforts via compliance checks are conducted by the OFFICE OF ALCOHOL TOBACCO CONTROL through a contract agreement with the OFFICE OF ADDICTIVE DISORDERS. The federal guideline was to reduce the illegal sales of tobacco to minors from



75% to 20% over a five-year period. The current rate of non-compliance stands at 6.68%. Louisiana met the federal goal in 18 months.

Prevention specialists coordinate prevention services in each of the Regions and implement community-based primary prevention strategies. Research indicates that alcohol, tobacco, and other drug (ATOD) use, delinquency, school achievement, and other important outcomes in adolescence are associated with specific characteristics in the students' communities, schools, family environments, and individual characteristics. These characteristics are called risk or protective factors. There is evidence to indicate that exposure of adolescents to a greater number of risk factors, irrespective of what the specific risk factors are, is associated with more substance use and delinquency, while exposure to more protective factors is associated with lower prevalence of these behaviors.

The analysis of risk and protective factors is the most powerful paradigm available for understanding the genesis of both positive and negative adolescent behavioral outcomes and how the most successful adolescent prevention programs can be designed³. Under the sponsorship of the CENTER OF SUBSTANCE ABUSE PREVENTION (CSAP), the DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE FOR ADDICTIVE DISORDERS contracted with DEVELOPMENTAL RESEARCH AND PROGRAMS, INC., of Seattle, Washington to conduct a survey of sixth, eighth, tenth, and twelfth grade students. Students were surveyed using the *Communities that Care*® Youth Survey (CTC Survey). The CTC survey was developed to provide scientifically sound information to communities on the prevalence of risk and protective factors among youth. The survey data were collected November 1998 through January 1999 in Louisiana public and private schools. A risk and protective factor profile was developed for Louisiana students. Results showed Louisiana students to be above the national average for all but two of the protective factors. There was only one protective factor, Opportunities for Positive Involvement in the Community, for which Louisiana students scored significantly lower than both the National Comparison average and the CTC matched comparison. The next lowest protective factor was School Rewards for Prosocial Involvement. The most elevated risk factor was in the school domain, Academic Failure, which measures students' self-reports of their academic performance. Other risk factors that were significantly higher than the national average were Friends, Delinquent Behavior and Impulsiveness, and Poor Family Discipline. Results of the survey are posted on the office's web page. It is important to note, the survey points out, that both risk and protective factors must be addressed for a program to be successful. OAD prevention future goals include using the results of this survey to implement strategies that minimize the identified risk factors and enhance and promote protective factors.

The DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE FOR ADDICTIVE DISORDERS was awarded a second block grant from the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention to enforce the underage drinking laws. The grant funds were used for development of a central collection center for alcohol violations, alcohol judicial education, and alcohol compliance.

The OFFICE FOR ADDICTIVE DISORDERS (OAD) provides a continuum of treatment services: detoxification, inpatient, community-based, residential, and outpatient. These treatment services provide assessment, diagnosis, and treatment of alcohol abuse, alcoholism, drug abuse, and drug addiction. In addition, OAD provides services in five special programs: Methadone, Pre-Release Criminal Justice Program (Blue Walters), Drug Courts, Compulsive Gambling, and DWI treatment. Federal funding mandates require that the Office provide specialized services to pregnant women, women with dependent children, intravenous drug users, and those infected with HIV.

³ *Communities that Care*® Youth Survey. May 1999.



OAD continues to participate in a collaborative project between the OFFICE OF PUBLIC HEALTH and the OFFICE OF MENTAL HEALTH to provide services to the school-based health centers in the State. The project, initiated last fiscal year to fund a Board Certified Social Worker jointly, has ended and plans are in the making for a different role for collaboration. OAD will continue to provide funding to support school-based health center efforts. The three partners are currently developing a strategic plan for providing services to include more of the school-based health centers in the state. Preliminary meetings have occurred to discuss possible approaches and tentative deadlines. The final draft and implementation of the collaborative is expected for completion as funding becomes available.

Q. VIOLENCE PREVENTION

The INJURY RESEARCH AND PREVENTION SECTION'S Violence Prevention Program applies public health tools to the prevention of violence—using epidemiology to define risk factors and risk groups to target with prevention interventions, evaluating those interventions, and disseminating the interventions that work.

R. SUICIDE ASSESSMENT

Mental Health professionals conduct a suicide assessment of any consumer who presents to the system with emotional or behavioral problems, or with symptoms of severe mental illness. Additionally, all paraprofessionals who work with the mentally ill client are trained in the mental health assessment of potential suicide. These assessments include current ideations of self-harm, plans for self-harm, and whether the consumer has the means to harm him/herself. Immediate steps are taken to protect that individual when indicated by the mental health assessment of suicide potential. Additionally, the assessment includes past history of suicidal ideation, an assessment of the severity of previous attempts, and the emotional and environmental factors surrounding previous suicidal issues for the consumer.

The OFFICE OF MENTAL HEALTH provides a comprehensive crisis intervention program throughout the state for all citizens who may experience thoughts of suicide, as well as other signs and symptoms of a mental health crisis. This system includes crisis phone lines with 1-800 numbers, a Single Point of Entry system for those who need face-to-face evaluation, hospital diversionary programs (such as respite), or acute hospitalization.

S. PROGRAMS OF THE OFFICE OF MENTAL HEALTH

The mission of the OFFICE OF MENTAL HEALTH (OMH) is to perform the functions of the state that provide or lead to treatment, rehabilitation, and follow-up care for individuals in Louisiana with mental and emotional disorders. OMH administers and/or monitors community-based services, public or private, to assure active quality care in the most cost-effective manner in the least restrictive environment for all persons with mental and emotional disorders. OMH operates an effective, efficient, comprehensive, integrated, and culturally competent system of mental health services guaranteeing consumer and family involvement, so as to meet the needs of adults with serious mental illness and of children with serious emotional disturbance and to reduce the need for out-of-home placement.

**The Children's Assertive Community Treatment– Region III**

This program selects children with at least two previous psychiatric hospitalizations as its top priority. The purpose is to break the cycle of psychiatric institutionalization through an aggressive, skill-based, wrap-around approach to child and family. The program also serves children who have not yet been hospitalized but who are at imminent risk of out-of-home care. Fifty-four children remained out of the hospital last year as a result of their participation in this program.

School-Based Mental Health Services

The OFFICE OF MENTAL HEALTH is actively engaged in the direct support of mental health services in over 160 schools in the state through local mental health centers and in 37 full time School-Based Health Centers. The OFFICE OF MENTAL HEALTH funds mental health staff at the Tallulah and Baton Rouge SBHCs. A collaborative pilot with the OFFICE OF PUBLIC HEALTH and the OFFICE OF ADDICTIVE DISORDERS for funding school-based mental health staff in a New Orleans SBHCs shows promise for future, jointly funded expansion. The three offices are preparing a strategic plan to expand the collaboration to new SBHCs as they are funded.

Provision of mental health services at the school is proving to be an effective method of intervening in children's lives and preventing the need for more acute outpatient or inpatient services. Over 14,700 children and adolescents received mental health services at School-Based Health Centers and 8,035 children and adolescents received mental health services through the local mental health center programs.

Evolutions

Greenwell Springs Hospital operates Evolutions, a partial hospitalization program for children and adolescents who are experiencing emotional and behavioral problems and do not require inpatient hospitalization. The program serves as an alternative to inpatient treatment and also facilitates the transition from inpatient to outpatient care. Intensive therapeutic interventions assist the children and adolescents to find more effective ways of functioning in the home, school, and community. This program is a collaborative effort with local school systems. Southeast Louisiana Hospital operates Challenges, partial hospitalization program for K-12 that provides services similar to those at Greenwell Springs Hospital. In addition, the programs provide transition services to children and adolescents being discharged from inpatient treatment.

St. Charles Assertive Treatment (SCAT) Clinic with No Walls

The St. Charles Assertive Treatment Program is a community-based mental health treatment initiative, enhancing service delivery in rural communities and improving the overall quality of life for individuals with severe and persistent mental illnesses. The goal is to prevent hospital recidivism and to allow the consumer to sustain a high quality of life in the community.

The program is accessible to consumers and their families 24 hours a day for crisis intervention. A multi-disciplinary team of professionals and paraprofessionals provides treatment and rehabilitation. This program is specifically designed to assist consumers with flexible services in their home environment. It is very effective as an intervention for consumers with complex needs.

Project Life

The supported living program, Project Life, utilizes an assertive community treatment model to assist persons with very severe mental health disabilities to live in the community. All persons have been hospitalized at least once in the nine months prior to acceptance into the program, or have experienced multiple hospitalizations within the year preceding admission into the program. Services include housing supports, case management, vocational services, and



psychiatric rehabilitation services. Consumers, called community trainers, provide skills training and case management.

Acute Psychiatric Unit – Washington St. Tammany Parish Continuity of Care

The Acute Psychiatric Unit provides for consumers recently discharged from the hospital to return to their home environment and to continue to recover from illness. Consumers who have histories of multiple hospitalizations and complex treatment needs are the primary recipients of these services. Assessments focusing on the patient's general adjustment back to the community are made during home visits. Hospital treatment staff involved in the program are available to the consumer and/or family should the need arise.

Medical Center of Louisiana New Orleans (MCLNO) Mental Health Services Partial Hospitalization Program

The Partial Hospitalization Program provides a comprehensive range of integrated clinical, rehabilitative, and related services to individuals with severe and persistent psychiatric disabilities who live in the Greater New Orleans area. Family participation is encouraged. If a program member presents to the Psychiatric Triage Unit with a crisis, the Partial Hospitalization Program staff members are notified and often are able to intervene with the patient to prevent hospitalization.

Assertive Outreach – Rapid Response Team

The Rapid Response Team works with the chronically mentally ill population, using non-traditional methods to reach those who have not been able to benefit from traditional mental health centers and hospitals. The team has pager coverage to provide 24-hour service for their patients. If a participant presents to the Psychiatric Triage Unit at MCLNO, the team member attempts to intervene and avoid further hospitalization. The close contact with the consumers allows the team to monitor medication compliance, observe for early signs of decompensation, and intervene as appropriate.

Programs Targeting Environmental Health

T. COMMUNITY WATER FLUORIDATION

Currently, 54.9% of the population served by public water systems are serviced by optimally fluoridated water systems. Renewed effort has been undertaken toward reaching the CENTERS FOR DISEASE CONTROL Healthy People 2000 goal of optimally fluoridating 75% of the population's water supply.

Community water fluoridation efforts have been re-established with recent legislation, ensuring a stable OFFICE OF PUBLIC HEALTH Fluoridation Program. The program will oversee monitoring and evaluation of current systems, provide training and assist in promotional activities, together with the ORAL HEALTH and ENVIRONMENTAL HEALTH PROGRAMS of the OFFICE OF PUBLIC HEALTH and the newly established FLUORIDATION ADVISORY BOARD. This board will function to secure additional resources needed to implement fluoridation systems created as a result of promotional activities.

Thus far, the parish of Plaquemines and the town of Amite, Louisiana have recently passed council ordinance to implement community water fluoridation with the potential to reach an additional 31,000 Louisiana residents.



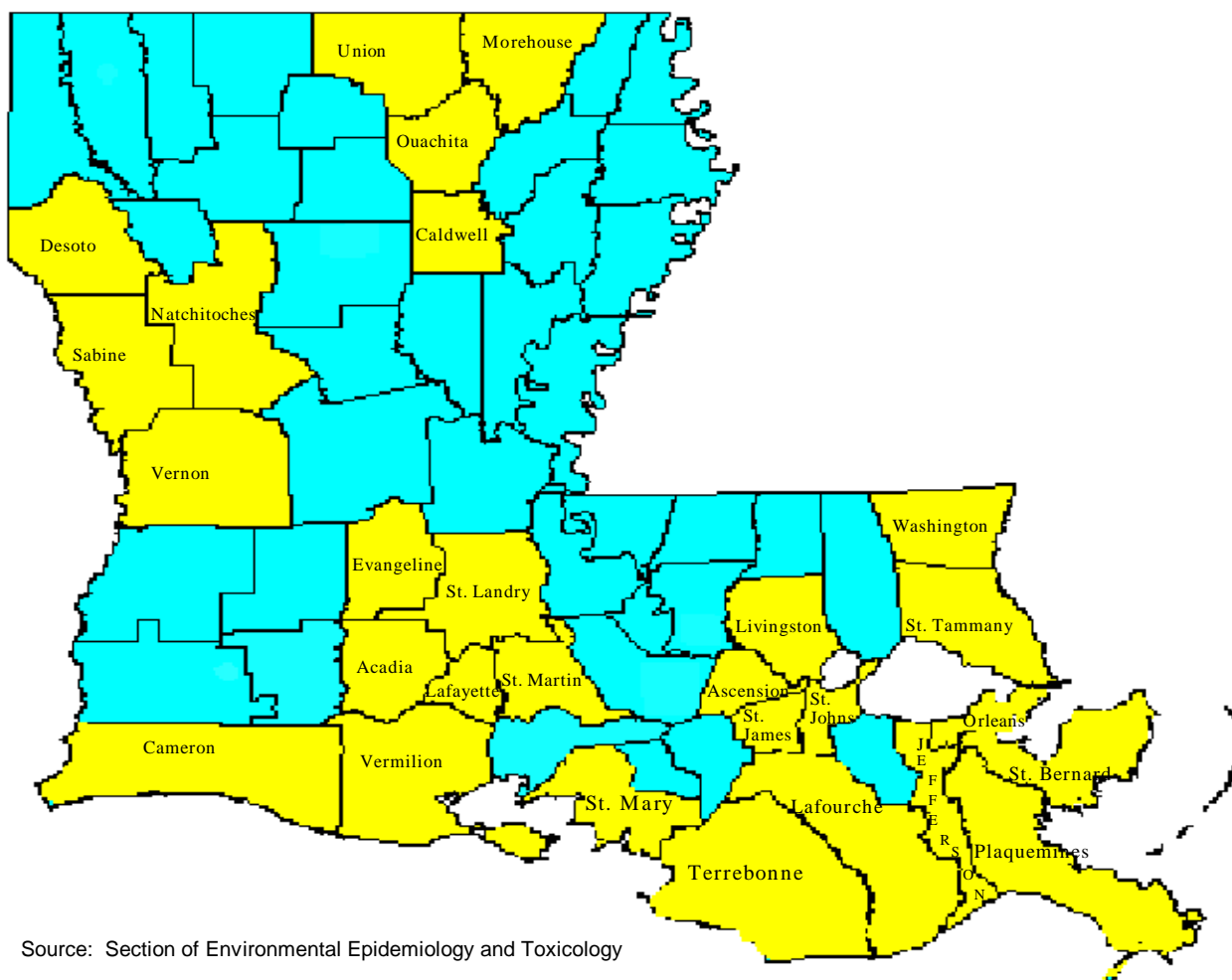
U. ENVIRONMENTAL HEALTH ADVISORIES

The Louisiana DEPARTMENT OF HEALTH AND HOSPITALS SECTION OF ENVIRONMENTAL EPIDEMIOLOGY AND TOXICOLOGY (SEET) issues fish consumption advisories in consultation with state environmental agencies when chemicals or heavy metals in sport fish reach levels that could potentially harm the public.

Mercury in Fish

SEET works with the LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY (LDEQ) to assess the extent of mercury contamination in fish. Methyl mercury, a metal compound sometimes found in fish, can cause birth defects and neurological problems when present at high levels. LDEQ collects and samples fish from water bodies that are selected based on their pH, usage, and SEET recommendations. SEET's Health Advisor then coordinates a risk analysis, and, if warranted, the State Health Officer issues a fish consumption advisory for specific species of fish. Of over 100 water bodies tested to date, 17 health advisories for fish containing mercury have been issued. These advisories cover 14 freshwater bodies in or traversing 19 parishes (see map below). An advisory on king mackerel in the Gulf of Mexico also exists.

Louisiana Parishes with Mercury-Related Fish Advisories in 1999



Source: Section of Environmental Epidemiology and Toxicology



V. ENVIRONMENTAL HEALTH EDUCATION

Methyl Parathion and Other Pesticides

In the fall of 1998, the SECTION OF ENVIRONMENTAL EPIDEMIOLOGY AND TOXICOLOGY began developing a plan for a statewide public health education project on Methyl Parathion and other pesticides in order to educate people in Louisiana about safe pest prevention control and the safe use of pesticides.

The plan involved compiling available health education material on pesticides and revising material to make brief and easy to read fact sheets, and developing pesticide education resource manuals and distributing the manuals to each parish health unit across the state of Louisiana. One manual was delivered to sanitarians at each of the 68 parish health units and to nurses at 108 parish health units. Additional manuals were produced and distributed to staff with LOPH, ATSDR, LDAF, the LOUISIANA COOPERATIVE EXTENSION SERVICE, and the LOUISIANA POISON CONTROL CENTERS, so that these organizations can use them to educate the public on pesticides. The manual includes easy to read reproducible health information (fact sheets) that staff at local parish health units can photocopy and use to educate people in their parishes. It also contains information about what to do if someone is exposed to pesticides (for the public), and pesticide emergency response, including reporting procedures and forms (for OPH staff).

Mercury in Fish

SEET, ENVIRONMENTAL QUALITY, WILDLIFE AND FISHERIES and AGRICULTURE AND FORESTRY entered into an interagency agreement in 1997 to determine jointly which water bodies in the state needed health advisories based on levels of environmental contamination.

Also, that same year, the Louisiana legislature provided funding to assess mercury levels in recreationally caught fish and to offer free blood screening services in parishes where high levels of mercury had been identified.

The agencies, working with representatives of the SIERRA CLUB and the AUDUBON SOCIETY, produced two informative brochures, one for the general public and the other directed specifically toward pregnant women and mothers of small children. The publications were widely distributed throughout Louisiana, including distribution through OB/GYN and pediatricians' offices and parish health units.

The environmental organizations continue to work closely with the legislature and the state departments to inform the public about the potentially deleterious effects of mercury and other contaminants on people's health.

Health Professional Education

SEET conducts Health Professional Education as part of its educational activities. SEET targets physicians and other health professionals located near Superfund and proposed Superfund sites to receive case studies from the AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (ATSDR). Information provided focuses on site contaminants, health effects from exposure, and clinical descriptions of the diagnosis and management of cases of chemical exposure.

Since 1996, SEET has disseminated ATSDR (AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY) Case Studies to over 4,000 Louisiana physicians in 20 parishes. The most recent mail-out occurred in February of 1998 when SEET distributed ATSDR Case Studies entitled "Mercury Toxicity" and "Taking Exposure History" to 750 physicians in 10 parishes.

**Public Health Response for Chemical Spills**

Thousands of accidental releases, explosions, and other chemical releases occur each year in Louisiana. SEET evaluates the public health threat of selected events and provides needed information and recommendations to the affected communities, hospitals, and physicians treating exposed individuals.

Medical Assessment Team (MAT)

Repeated occurrences of spills and other accidental hazardous substance releases in Louisiana have underscored the need for timely public health response in these events. THE DEPARTMENT OF HEALTH AND HOSPITALS is addressing this need by piloting a Medical Assessment Team (MAT) for hazardous substance emergencies. Currently in its formative stages, the MAT will support state and local response efforts on an as-needed basis. Exposure assessment, risk assessment, risk communication, and epidemiologic surveillance comprise the MAT's core functions. The MAT will assess the nature and severity of toxic exposures based on available environmental and medical data. MAT members will obtain and provide information about the hazardous substance(s) to local emergency departments at the time of the event. MAT experts will determine and recommend appropriate tests for exposure to treating physicians and hospitals. Collections and analysis of these data will allow subsequent health risk assessment and communication to the affected public. The MAT will devise and coordinate medical follow-up, when indicated. Local government officials will be briefed, and the team will attend public meetings to address the community's concerns.

